			ION OF HEALTH				OF DEATH	-	-62-03	2320
DEP / DO NOT WRITE	AMENDED		egistration District No.	8 Prime	ary Registration	. di 1003	Registrar's No	7968	STATE FILE	NUMBER
ON THIS STUB	AMENDED	_ =	FALLOS CON AUG 2				TI O HELLAL RESIDE	wee out	16	
VS 300		'	a. COUNTY	~ 130Z			a. STATE MO	NCE (Where deceased b, COUNTY		n: Residence Defore admission)
Rev. 4/59	2	_	b. CITY (If outside corporate	limits, give TOWNSI	HIP only)	Length of stay in	1b c. CITY OR	-		Inside Limits
	AMENDED		TÖWN St. Lou	i.s		4 years	TOWN St	Louis		Yes K No 🗆
	<u>ч</u>	I^-	c. FULL NAME OF (IF NOT in			Inside Limi	ts d. STREET ADDRESS	(If cutsi	de, give location)	Reside on Farm
2 20	5 37		INSTITUTIONBernar	d Nursing H	ome	Yes 🔣 No	10	43 Hampton		Yes 🗆 No 🛭
3	7 2		. NAME OF DECEASED (Type or print)	First		Middle	Last	4. DATE OF	Month Day	
				MARION	ARTH	UR BRO	OWN _	DEATH Aug	ust 1	.4 1962
4 0			6. SEX	COLOR OR RACE	7. Married			• •	Months Day	
5 /		1_		hite	Widowed	_	- 1/6/ 100Z	80		
	اااا	10	la. USUAL OCCUPATION (Give	kind of work done		BUSINESS OR INDU		(City and state or coun		OF WHAT COUNTRY
l ———	8	Re	during most of working life, tired Ninght Supe	rvisor		ommerce Blo	`'	Missouri	USA	
7 ^) 등	13	a. FATHER'S NAME			MOTHER'S MAIDEN	- · · · · -	1	OF HUSBAND OR W	
8 -5	ㄸ	I -,	Henry Brown . was deceased ever in u.	C ADMED FORCESS		nnie Hernde		Joseph	ine Coffman	Brown
	& \		es, no, or unknown) (If yes, g			OCIAL SECURITY N	7 I	Wantal 10	43 Hampton	
9	AR AR	.	NO	only one cause ner l	ine		Mrs. Leona	Ot. Terraw		INTERVAL BETWEEN
1 10 !	⋖ │	<u>,</u>	18. CAUSE OF DEATH (Enter PART I. DEAT	H WAS CAUSED BY:	1011	•	011	1,		INSET AND DEATH
11	RECORD A SAD OF	5	IA	MEDIATE CAUSE (a)	_ Cu	rence (Myseusa	eles	K	eury for.
		ĬΙ I	en 16.3 se				7			U
120/	INSTEAD	1	Conditions, if which gave ris	e to	·		<u> </u>			 -
13			above cause stating the un lying cause	der-	ı		4	-22.2		
	Z	z		•		ONTRIBUTING TO D	EATH but not related t		ART III. If deceased	d was female w
1 X / .	S	CATION	dise	ase condition given in	PART I (a)				there a preg	nancy in last 90 day
		S S				<u> </u>				No Unknew
	AMENDWENT	CERTI	19. WAS AUTOPSY PERFORMED? YES NO	ACCIDENT SUICIDE	HOMICIDE	20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter nature of inju	ry in PART I or PART	II of item 18.)
z		- ■ 1	20c. TIME OF Hour M	onth, Day, Year	· · · ·					
≱ &	<	MEDICAL	INJURY a.m. p.m.							
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED WHILE AT WORK	farm, fa	OF INJURY (e.	g., in or about home office bldg., etc.)	, 20f. CITY, TOWN, O	R LOCATION	COUNTY	STATE
2 % %			NOT WHILE AT WORK	Arca		- Au	14-12		12	621
Z	REAL		21. I attended the deceased	from S	<u> </u>	, to (CC)		nd last saw him alive o	' ' 	
_ ~ ×			Death occurred at	y som	<u>/</u>	h M	the date stated above,	and to the best of my	knowledge, from the	causes stated.
USE BLACI OR TYPEWRITER	SHOULD		22a. SIGNATURE	(Degr	ee or title)	7, 2	22b, ADDRESS 3.90 \$ 6	DA.		22c. PATE SIGNE
F		[]	a. BURIAL, CREMATION, 23b	. DATE	23c. NAM	E OF CEMETERY OR		23d. LOCATION (City,	town, or county)	(State)
	ON O	23	REMOVAL (Specify)	3/16/62	1	1 Hill Cem			o,Missouri	* foreset
	M NO.	-74	Removal 5	0/10/02 ADDR			DATE RECD. BY LOCAL		S SUNATURE	44 -
	ITEM		Alexander & Sor			i a i	JG 15 1962	Carl	Smith.	17.0.
	1 1 1 1 1 1 1 1		Prevenuer a por	<u> </u>			· · · · · · · · · · · · · · · · · · ·			

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	1600
Student	Signed & Clear A January
Signature of Student Embalmer	
•	Licensed Embalmer No.
	P. O. Address
	Que 14-62

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.